

Algonquin Preschool Inc. Registration for Enrollment

Child's Name _____ M _____ F _____

Address _____
(Street) (City) (Zip Code)

Parent/Guardian Name(s) _____

Phone _____ Email Address _____ Child's Birthdate _____

Please indicate class preference: 1= First Choice 2= Second Choice

T/TH 3's AM 9:00-11:30 - \$180 a month _____

M/W/F 3's AM 9:00-11:30 - \$240 a month _____ or **9:00-12:00** - \$305 a month _____

M/W/F 4's AM 9:00-11:30 - \$240 a month _____ or **9:00-12:00** - \$305 a month _____

M-F 3/4/5's AM 9:00-11:30 \$340 a month _____ or **9:00-12:00** - \$415 a month _____

There is a one-time yearly Activity Fee of \$75 due when your child starts preschool.

How did you hear about our school? Friend _____ Other _____

*Your first choice will be accommodated if space in that classroom is available; otherwise, your second choice will be assigned. Algonquin Preschool reserves the right to cancel an offered class due to low enrollment or other reasonable circumstance(s).

A \$75 non-refundable fee payable to Algonquin Preschool is due at time of registration